Spouse in the house: Household structures and roles, gender, and quality of life in the Gauteng City-Region, South Africa

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Who we live with and our domestic responsibilities can impact our quality of life or well-being. For example, considerable research examining the relationship between household headship and poverty has shown that although female- and male-headed households are broad and heterogenous categorisations, female-headed households have some consistent disadvantages and are frequently poorer than male-headed households. In addition, some studies have found the marital status of the household head to be a valuable predictor of the welfare of the household -- but this research has frequently focused on household income and poverty levels rather than the well-being of individuals within the household. In this paper I explore the relationship of respondents' quality of life to their household structure and domestic responsibilities in the Gauteng city-region in South Africa.

I use data from the GCRO Quality of Life V (2017/18 survey) to analyse and understand the relationship between certain family dynamics and quality of life in the Gauteng city-region, South Africa. The survey comprises data from 24 889 adults and corresponding household information, forming a representative sample across all 529 wards of Gauteng. Analysis is conducted using the Quality of Life composite index, comprised of 33 indicators, to provide a value out of 100, generated from the Quality of Life survey data.

I show that household structures, such as whether adults live with their children, and roles, such as household headship, are influenced by sex and that these structures and roles have a relationship with quality of life. I find that women who have roles of responsibility in the household, such as household head and primary carer of children, have a lower quality of life, and this has more to do with the roles in the family and household structures than with sex alone. Respondents living with a partner or spouse have a much higher than average quality of life irrespective of their roles and responsibilities in the household. As household structures are shaped by external social policies and practices, such as child care services and parental leave policies, understanding the relationship between household structure and quality of life can inform policies that will impact the wellbeing of adults within households.

Keywords: quality of life; household; gender; household-head; primary carer; Gauteng

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I have no conflicts of interest in this research.

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The dataset is free available for non-commercial use from DataFirst: https://www.datafirst.uct.ac.za/dataportal/index.php/catalog/766

Code availability

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Not applicable

Spouse in the house: Domestic circumstances, gender, and quality of life in the Gauteng City-Region, South Africa

Introduction

The research on quality of life or well-being and domestic circumstances is relatively limited. A pioneering and recent study explored the quality of life of male and female headed households and showed that marital status is a factor in different experiences of quality of life between the genders (Lodhi et al., 2020). How does quality of life shift with other domestic responsibilities or household compositions? What difference does it make if parents have two children or four? Or whether they live with their partner, or share the responsibility of caring for their children? In this paper, I explore the relationship of respondents' quality of life to household composition and domestic responsibilities in the Gauteng city-region in South Africa.

In South Africa, household structures are fluid and complex, influenced by patterns of labour migration and urbanization (Hosegood & Timaeus, 2016) as well as decades of colonial and apartheid laws that imposed influx control on urban areas and divided families according to their potential labour contribution. Some studies have examined these dynamics in terms of the implications for demographics in rural parts of South Africa (Hosegood & Timaeus, 2016; Hosegood et al., 2005) but very few have explored the impact of household structures on the quality of life of individuals within urban households. Gauteng province is the regional economic node and a hub for migrants from both within South Africa and Africa with a population of 15 million people (26% of South Africa's population) (StatsSA 2019). The Gauteng city-region is the conurbation that forms the basis of these social and economic activities and extends through mining and industrial towns into neighbouring provinces and for this reason is a useful case study in understanding some of the household dynamics in contemporary urban South Africa.

Globally, domestic arrangements have a correlation with satisfaction in relationships and other measures of well-being (Arends-Tóth & Van de Vijver, 2007) but many studies have focused on the associations of household headship and marital status with the economic welfare of households. Researchers examining the relationship between household headship and poverty have focused particularly on gender (c.f. (Chant, 2003, 2004; Hwang & Nam, 2020; Posel, 2001; Rogan, 2013a, 2013b). Although female- and male-headed households are large, heterogenous categorisations, female-headed households have some consistent disadvantages and are frequently poorer than male-headed households. However, in some studies marital status has been found to be a more valuable predictor of the welfare of the household than household headship (Appleton, 1996; Chant, 2007) but this scholarship focuses on the welfare of the household rather than the well-being of individuals within the household.

I explore the quality of life experienced by adults in relation to domestic circumstances. I examine different household compositions and roles and disaggregate by sex because of the role of gender in household structures and caring for children. While household compositions may be governed by personal decisions made by individuals they are also influenced by a multitude of external factors such as social norms and expectations, the

labour market, and state policies. Understanding the relationship between domestic circumstances and quality of life can inform policies that will impact the household structure and domestic responsibilities, and therefore the wellbeing of adults within affected households. As quality of life metrics are increasingly being incorporated into government policies, programmes that support child care and enable beneficial household compositions may lead to improvements of quality of life for adult residents as well as their children.

Understanding quality of life in relation to the domestic sphere requires defining households, families and domestic relations. In a review of the literature, I explore some of the difficulties of defining these terms, with particular reference to fluid family dynamics in South Africa, followed by a section that examines the literature on quality of life and the domestic sphere, although this domain of research is still relatively limited. In a final section, I focus on gender and how gender shapes both the domestic sphere and quality of life. I provide some explanation of my methods in the data and methods section before giving a breakdown of domestic compositions and roles in Gauteng. Finally, I present the key findings relating these domestic circumstances to quality of life.

Households, family and quality of life

Defining households, families and domestic circumstances

For most people, the first group that individuals belong to is the family, through which an individual's basic and higher level needs are met (Rettig & Bubolz, 1983). The nuclear family model, mother, father and children, has dominated research on the family (Vogel, 2003). In survey instruments, this is often assumed through measurement of the household on the assumption that a nuclear family occupies a single dwelling and is an identifiable and stable unit (Hall & Mokomane, 2018). This normative construction ignores many alternative household and family structures and overlooks changes to family structures that have seen increasing complexity and fragmentation in recent decades in western households (Vogel, 2003).

Distinguishing between family and household is a difficult business. Families and households are not necessarily the same entity, although the terms are sometimes used interchangeably. Frequently, survey studies are not equipped to disaggregate between the two (Hall & Mokomane, 2018) and even when researchers distinguish between these concepts and explain them to participants, it's not clear how well these are understood – particularly in non-western contexts and when translation is required. A common definition of family denotes the term as blood and marital relations with the immediate family defined as primarily parents and children and extended to other blood relatives (Willekens, 2010). A working definition of household is based on co-residence: usually those living and eating together or sharing resources within the same dwelling designates a household (Willekens, 2010). Family and household can and frequently do overlap. Having provided some cursory definitions here, it is important to note that definitions of households or family imposed by researchers are not scientifically rigorous and may have limited value (Hosegood et al., 2005).

In Gauteng and South Africa, the diversity of the population extends to the configurations of its households and families. Scholars have fiercely debated the analysis of families and

households, most notably in trying to understand the differences between diverse population groups (Russell, 2003a, 2003b). Some South Africans conform to the notions of a western nuclear family of parents and children that occupy a single dwelling or household. The majority of South Africans follow a patrilineal kinship system (Amoateng & Richter, 2007, p. 13) with evidence that many families or households are neither solely nuclear nor patrilineal but hybrid, fluid and complex as well as mobile and dynamic (Russell, 2003a). The responsibility for the care of children extends well beyond the parents in many African families which contributes to the fluid positions of children in the household (Russell, 2003a, 2003b).

Some researchers' definitions of African families align with the household, combining residence and blood bonds, while other definitions may include many family members, for example "a man and his wives, many children, nieces and nephews, grandparents, granduncles among many others" (Mampane et al., 2019, p. 377). Defining or distinguishing between households and families is thus incredibly complex and presents limitations to collecting and analyzing survey data. Standard household definitions do not apply easily when "[h]ousehold members do not have to be kin, to sleep in the same dwelling, to eat together, to share their incomes, or provide each other with personal care. They are likely, however, to have several of these characteristics or to have possessed them in the past" (Hosegood & Timaeus, 2016). In the South African census the household is defined as "a group of persons who live together and provide themselves jointly with food or other essentials for living, or a single person who lives alone" (StatisticsSA, 2019).

Another element of complexity is the effect of external forces shaping the family and household structure. Legislation and labour migration combined have had a profound impact on the structure of families and households in South Africa. From the late nineteenth century, colonial and then apartheid governments controlled the settlement of black people in urban areas and restricted this to the segment of the population active in the labour market. Labourers in urban areas were seen to be temporary migrants, and children and the elderly were relegated to small parcels of land in rural areas. These were treated as the 'homes' of migrant labourers, but were often constructs of the government. Maintenance grants for destitute children were only awarded in urban areas if children could not be repatriated to relatives in rural homesteads (Russell, 2003a). For black South Africans "[a]gency was very constrained, in that many men faced little real choice (because they needed cash – another government strategy to ensure a supply of migrant labourers) and the choices facing women and children were constrained by the pass laws that regulated whether they could accompany or follow the men" (Seekings, 2008, p. 6). The General Household Survey of South Africa 2018 shows that only 48,9% of children live with both their parents in Gauteng (StatsSA 2019) providing some indication of the continued dispersion of family members across households and across distances through the historical impositions of the state but also fluid dynamics within families.

Although there are no longer laws governing internal migration in South Africa in the postapartheid era, these historical patterns have strongly shaped contemporary migration patterns with multiple generations continuing to migrate to urban areas in search of work. In addition, current economic conditions, and general urbanization persist in shaping the structure of households and families. Household structures vary in urban areas compared to their rural counterparts. Greater access to socio-economic opportunities "encourage such 'modern' family and household patterns as lower levels of fertility, lower average household

sizes, and independent or separate living." (Amoateng et al., 2007, p. 43). Differences between urban and rural households also include the proportion of multi-generational households (Amoateng et al., 2007). Children in Gauteng are more likely to be living with both parents and less likely to be living with neither parent than most of South Africa with the exception of the Western Cape (StatsSA, 2019), another indication of differences in the urban areas.

In this paper, I examine the roles and responsibilities that individuals experience in families and households. These include circumstances that relate to the household such as how many people live together but also relate to family relations and roles such as how many dependent children a respondent has or whether they are the primary carer of those children. However, as this section has shown, family and household are interrelated but are not always the same entity. Therefore, I use the term domestic as a descriptor to encapsulate both family and household relations and responsibilities that may exist within a single household or extend to multiple households and relationships.

Quality of life and domestic relations and responsibilities

Quality of life is the multidimensional measure of well-being incorporating both subjective and objective components. The term emerged in the 1950s as a way for economists to measure well-being although it was initially focused exclusively on income. Over time other objective measures were included such as health, access to food, secure housing, and education and, in the 1980s and 1990s, scholars began including subjective measures (how people feel and rate their own well-being) - with ground-breaking work in South Africa (Moller, 1997; Greyling, 2013).

Research has examined various aspects of the relationship between domestic life and quality of life. Family sits at the intersection of the labour market and the state in relation to meeting the needs of individuals (Vogel, 2003). Changes in the labour market and welfare state affect family structures as well as the well-being of individuals (Thomsen, 1995). For example, state-subsidized childcare can enable mothers to work full-time contributing to their well-being and the family's quality of life. Individual well-being is supported both through the domestic structure of the family and the larger systems of the state and labour market. In recent decades, shifts in state welfare and the labour market have meant that individuals are less reliant on the family to provide economic or physical resources, although the recent great recession of 2008 demonstrated that families still provide much needed support by enabling young adults to stay on or return to the parental home, for example (Cherlin et al., 2013; Mykyta & Macartney, 2011). Foremost, though, the family becomes a source of intimacy, affection, and reassurance, meeting the emotional and sexual needs of individuals (Vogel, 2003). Thus, domestic relations may contribute to the more subjective measures of quality of life.

Family quality of life or well-being is the extent to which the personal needs of individuals are satisfied by the conditions of family life (Rettig & Bubolz, 1983; Rettig & Leichtentritt, 1999). Researchers studying the quality of life of families have focused on the satisfaction of primary relationships of partners and children (Rettig & Leichtentritt, 1999), but have also considered family functioning, as well as the social context of the family such as neighbourhood or employment as part of family well-being (Mampane et al., 2019; Rettig &

Bubolz, 1983; Rettig & Leichtentritt, 1999). The quality of life of families is an important indicator of overall life quality (Rettig & Bubolz, 1983; Rettig & Leichtentritt, 1999).

It is important to note that individual's experiences in the same family or household will differ on various measures and more and more scholars are distinguishing between the quality of life of individual members of the family or household and the family's or household's quality of life. The well-being of individuals in families is influenced by the intersection of dimensions such as age, gender, and ethnicity which affect individual's experiences over time (Eckermann, 2000). Differences in the relative income of individuals within households affects their financial well-being emphasizing the need to understand intra-household differences (Bonke & Browning, 2009). In one study, the beliefs and practices of sharing domestic labour affect the well-being of individuals in the household within the context of 'nuclear families' with partners and children living together (Arends-Tóth & Van de Vijver, 2007). While the family or household can be a useful unit of measurement for well-being it is important to understand the quality of life of individuals within these units.

Household size, as a related but different measure of family, can shape people's quality of life or more specifically, poverty levels. Several studies have examined the relationship between household size and poverty with the majority concluding that larger households are related to higher levels of poverty (Anyanwu, 2014; Meyer & Nishimwe-Niyimbanira, 2016; Lanjouw & Ravallion, 1995). However, in some African countries and in particular rural contexts, larger households fare better than smaller households (Kamuzora, 2001) and in some cases, a larger size of household can have a positive impact on an individual's welfare (Somarriba Arechavala & Zarzosa Espina, 2019). While single-person households do not benefit from shared resources available in larger households, greater numbers of people in a household may place a strain on limited resources.

Gender, family and quality of life

Gender plays a significant role in the structure of families and households. Traditionally, men are considered the head of the household and women take on specific roles in the household, particularly with regards to the care of children. In many times and places, women have been restricted to the domestic sphere and have had limited engagement with public life and formal employment. Gender stereotyping and moralizing of roles inside and outside the family have strongly influenced the choices (or lack thereof) of women and shaped how families are formed. Opportunities and support services are needed in order for women to choose singlehood or whether and when to have children (Vogel, 2003). Gender constructs and issues of morality are also at the heart of the antagonism towards, and limited recognition of, same-sex couples and families. These reasons highlight the importance of exploring the well-being of individuals, on a gendered basis, within households and families (Chant, 2003).

Women experience and report significant differences to men with regards to their physical and mental health and subjective well-being. Women's lower rates of morbidity are linked to their propensity to seek health care (Eckermann, 2000) but women are more likely to report lower levels of subjective well-being than men in Europe (Somarriba Arechavala & Zarzosa Espina, 2019) and elsewhere (Rollero et al., 2014; Tesch-Römer et al., 2007). Women's health is more likely to be affected by the residential environment (Stafford et al., 2005).

This may be because women are more likely to spend more time in their immediate neighbourhood and to use the amenities in their area (Rollero et al., 2014, p. 889). Women's quality of life may also be affected by a sense of community which can increase life satisfaction (Rollero et al., 2014, p. 889).

As with most of the world, women are more likely to earn less than men in South Africa (Muller, 2009; Bhorat & Goga, 2013; Casale & Posel, 2009). Women's higher risk of poverty is not linked to whether they have children or not, nor whether they are single or not, but more by their relationship to a gender-prejudiced labour market. In South Africa, men (and their associated income earning potential) are less present in households with women and children (G'sell, 2016). This 'feminization of poverty' impacts the quality of life of individuals within the family, but particularly the female adults of the household. In disadvantaged families, the mother is "the first to become dissatisfied, distressed or symptomatic" (Rettig & Bubolz, 1983, p. 424).

In addition to gender, many scholars have explored the relationship of household headship with poverty levels and quality of life. Many social surveys use the head of the household as a means for ordering and relating other members of the household but very few provide definitions of household headship (Posel, 2001). Definitions of household head, therefore, vary but Dorrit Posel's research shows "that self-reported headship is associated with age, income and relationship status – heads tend to be the oldest people in households, the highest income-earner, male partners rather than female partners, and parents rather than children. Heads, on average, are also the key decision-makers in households" (Posel, 2001, p. 668). Female headed households are more likely to be poorer, globally and in South Africa, although the advantages of male headed households vary by circumstances and conditions (Chant, 2004; Posel, 2001; Rogan, 2013a, 2013b).

Women's experiences of family also differ from men's, and women derive different forms of satisfaction from family bonds. Females typically consider "socioemotional and symbolic resources (love, status) to be more important in accounting for their marital satisfaction in comparison to men" (Rettig & Leichtentritt, 1999, p. 337). Social relationships with close others may be more determinant for women's quality of life than for men's (Rollero et al., 2014). Even studies that show no difference in quality of life by gender emphasize that gender's interaction with socio-cultural variables influence other predictors and pathways of quality of life (Rollero et al., 2014, p. 894). Systemic structural factors settings such as labour market participation, access to resources and living conditions are differentiated by gender and affect the subjective well-being of individuals (Tesch-Römer et al., 2007). Gender, therefore, needs to be considered in any assessment of the quality of life of individuals within households and families.

Data and methods

The GCRO's Quality of Life survey

I draw on data from the Gauteng City-Region Observatory's Quality of Life Survey, conducted every two years since 2009. The fifth iteration of the survey, in 2017/18 (the dataset used in this paper), included 24 889 respondents across South Africa's most populated province, Gauteng. This survey included 248 questions relating to dwelling;

migration; health; income and employment; transport; opinions on government, social fabric, and well-being, amongst other topics. Participants were selected through geospatial sampling using residential building data and GPS-enabled tablets to locate interview target points at dwellings in the field. The survey data is ward[1] representative with a minimum of 30 interviews per ward and by extension it is representative, when weighted, at higher levels of geography (municipal & provincial).

An adult respondent (18 years and older) in each selected household is randomly chosen to do the interview. The survey includes questions about the individual as well as questions that concern the household. The household is defined as those people eating together for four nights or more per week. This definition does allow for some non-resident household members but does not capture more fluid household dynamics. It is also not known how well this definition is understood by respondents, particularly when translated into other languages.

For these reasons, the analysis in this paper focuses on the household rather than the family. There is value in examining the household as an important unit of analysis for social and economic processes (Hosegood & Timaeus, 2016, p. 4) and as Margo Russell explains: "co-residence is surely in itself a very significant social decision, but one which needs to be comprehended more sensitively within the context of other binding social ties" (Russell, 2004, p. 177).

The key objective of the survey is to provide a holistic and multi-dimensional assessment of the quality of life of residents in Gauteng. Moving beyond objective measures of wellbeing, such as economic resources or access to services, the survey also includes subjective measures of well-being and satisfaction. A range of both objective and subjective indicators are compiled into a quality of life composite index. The index provides an indication of the extent to which objective and subjective needs of respondents are fulfilled.

It should be noted that respondents in the survey are not asked their gender, but that their apparent sex is instead noted by the fieldworker. Thus, the analysis presented in this paper is disaggregated by sex rather than by gender. The dataset is weighted to updated census race and sex distributions, and in this paper, I present these weighted results.

Methods: Quality of life composite index

The quality of life composite index is comprised of 33 subjective and objective indicators grouped into seven dimension indices. The indicators were identified and grouped into the dimension indices through exploratory factor analysis. In calculating the overall score, each indicator is weighted and combined into a dimension index, following which, dimension indices are weighted and aggregated (for more detail please see Katumba et al., forthcoming). This is then scaled to create the quality of life composite index value as a score out of 100. This score provides a single value with which to measure multi-dimensional quality of life in Gauteng. The composite index was validated through standard statistical tests and confirmatory factor analysis. The indicators and dimensions are summarized in Table 1.

[1] Wards are the lowest level at which political representatives are elected and there are 529 wards in Gauteng.

Table 1: The 33 indicators grouped into seven dimension indices that comprise the quality of life composite index.

Indicators		Indicator weight	Dimension	Dimension weight	Dimension Index
1. Dwelling structure made of bricks or concrete	**d3**	0.800	**Services**	3.801	(d3*0.800+ i3*0.951 + i4*0.675 + i5*0.827 + i6*0.793 + e4*0.657)*10/ (0.800+0.951+0.675+ 0.827+0.793+0.657)
2. Flush toilet facility	**i3**	0.951			
3. Piped water source	**i4**	0.675			
4. Electricity supply	**i5**	0.827			
5. Rubbish disposal	**i6**	0.793			
6. Household assets: Television	**e4**	0.657			
7. Personally covered by medical aid	**h5**	0.895	**Social class**	2.695	(h5*0.895+ e2*0.662/5 + e5*0.547 + w6*0.850/4+ w5*0.491) * 10/(0.895 + 0.662 + 0.547 + 0.850 + 0.491)
8. Highest level of education completed	**e2**	0.662			
9. Household assets: Internet connection	**e5**	0.547			
10. Total monthly income all household members	**w6**	0.850			
11. Employment Status	**w5**	0.491			
12. Satisfaction: National government	**p6**	0.848	**Government satisfaction**	2.596	(p6*0.848/4 + p7*0.902/4+ p8*0.676/4 + r5*0.553+ p9*0.429) * 10/(0.848 + 0.902 + 0.676 + 0.553 + 0.429)
13. Satisfaction: Provincial government	**p7**	0.902			
14. Satisfaction: Local municipality	**p8**	0.676			
15. Level of government that has done the most to improve quality of life	**r5**	0.553			

16. Most government officials are doing their best?	**p9**	0.429			
17. Satisfaction: Family	**f2**	0.658	**Life satisfaction**	1.735	(f2*0.658/4 + f3*0.615/4 + f4*0.664/4 + c2*0.547/4 +w3*0.360/4) * 10/(0.658 + 0.615 + 0.664 + 0.547 + 0.360)
18. Satisfaction: Time to do things you want to do?	**f3**	0.615			
19. Satisfaction: Leisure time	**f4**	0.664			
20. Satisfaction: Friends	**c2**	0.547			
21. Satisfaction: Standard of living	**w3**	0.360			
22. Health status prevent from doing daily work?	**h2**	0.899	**Health**	1.936	(h2*0.899/3 + h3*0.898/3 + h1*0.464/3) * 10/(0.899 + 0.898 + 0.464)
23. Health prevent from usual social activities?	**h3**	0.898			
24. Health status in the past 4 weeks	**h1**	0.464			
25. How safe walking in your area during the day?	**s1**	0.764	**Safety**	1.811	(s1*0.764/4 + s2*0.556/4 + s3*0.620/4 + s4*0.534/2 + c1*0.461) * 10/ (0.764 + 0.556 + 0.620 + 0.534 + 0.461)
26. How safe walking in your area after dark?	**s2**	0.556			
27. How safe do you feel at home?	**s3**	0.620			
28. Crime improved or got worse?	**s4**	0.534			
29. People in your community can be trusted	**c1**	0.461			
30. Attended Community development forum	**p10**	0.711	**Participation**	1.365	(p10*0.711+ r4*0.548 + c4*0.443 + p11*0.459) *10/(0.711 + 0.548 + 0.443 + 0.459)
31. Communication with municipality	**r4**	0.548			
32. Participated in the activities of any clubs	**c4**	0.443			

33. Planning to vote in the 2016 local election	**p11**	0.459			
QoL Composite Index	100*(1/15.939)* (3.801*[**Services**] + 2.695*[**Social class**] + 2.596*[**Government satisfaction**] + 1.936*[**Health**] + 1.811*[**Safety**] + 1.735*[**Life satisfaction**] + 1.365*[**Participation**])				

The majority of the indicators are a measure of the respondent's experiences or opinions but there are some household indicators such as access to services and household income, which also apply to the respondent. The index, therefore, reflects an individual's quality of life rather than a measure of the quality of life of the household or family as a whole. This means that it provides a general measure of quality of life for different groups of people in the city-region and is calculated across the entire sample of Gauteng.

The Quality of Life V (2017/18) survey dataset provides a number of variables with which to explore household composition and roles of domestic responsibility. Question 1.01.02 provides the number of people living in the household and Question 15.9 provides the number of children under the age of 18 years living in the household. Two further questions (Q 15.6 & Q 15.7) ask the number of dependent children that the respondent has (regardless of age or place of residence) and whether those dependent children live with the respondent. These questions were included to understand more fluid dynamics of households and families. No definition of dependent children was provided and so respondents were free to interpret the meaning themselves.

Respondents who stated that they had dependent children were asked who was the primary carer of their children (Q 15.8) with a range of possible responses, including grandparents. Primary care was not defined and could include financial provision among other kinds of care. The sex of the primary carer can be determined from the majority of responses, c.f. self; maternal grandmother (see Figure 9). For this analysis, only respondents who identified themselves, with or without their partners, were included because other categories of carer, such as paternal grandmother, may not be resident in the household.

The survey also asks who is the head of the household (Q 15.05) while not providing a definition. The sex of the household head can be determined from the responses to the question, c.f. mother or father of respondent, however, in this paper I only use those respondents who identified themselves, with or without their partner, as the head of the household in order to understand the relationship with the respondent's quality of life. I have interpreted household headship as a role of domestic responsibility towards other members of the household, which may have a relationship with quality of life. The majority (61%) of respondents in the survey identified themselves as the head of the household.

Although marital status has been shown to be "a better predictor of household wellbeing than the gender of the household head in many contexts" (Rogan, 2013a, p. 3), the survey does not include data on marital status. The survey does record the other resident members of the household (Q3.12), with a number of options of relatives living with the respondent, including spouse or partner. From this question it is also possible to identify multi-generational and 'nuclear' families. This was used to further explore the relationship of household composition and quality of life. All distributions of these variables were plotted

and were normal with skewness and kurtosis between -1 and 1. The Anova test was used to measure the significance *p<0.1; **p<0.05; ***p<0.01.

Validity testing

The quality of life index value differs significantly by population group with white respondents having the highest quality of life score (74) and African respondents with the lowest quality of life score (62). The high quality of life of white respondents reflects the legacy of apartheid with white respondents scoring higher on key variables such as education level, household income, and household services. Although white respondents are a minority in the sample (15%, n=3651) they are overrepresented in some of the household structures and roles. For example, a larger proportion of white respondents (36,4%) compared with the Gauteng average (29,1%) have no dependent children (see appendix for full results). This might suggest that having fewer or no dependent children relate to a better quality of life but the results may be skewed by white respondents' higher quality of life in other variables.

To test this, I repeated calculations of household structure and quality of life but for African respondents only. This has the benefit of retaining a large sample size but removing the potential influence of minority groups such as white respondents. The analysis shows that the overall patterns of differences in quality of life remain consistent with the subset of African respondents.

These analyses of African respondents reflect the same patterns as the full sample and demonstrate that while population group might influence some of the quality of life index values the pattern of differences between household structures and roles and quality of life remains consistent. Population group does not explain these differences on its own.

There is one category that shows a statistically significant relationship with quality of life with African respondents that does not show the same level of significance for the whole sample. Males (62) have a higher quality of life than females (61) (p=0,001). This is important because many of the domestic circumstances are moderated by sex. This suggests that some of the differences in quality of life between different domestic circumstances may be attributed to sex and the associated differences in quality of life.

Household compositions and structures in Gauteng

Household size

The average household size of respondents in Gauteng is 3.26 people with a median of 3. This is slightly lower than the South African average of 3.3 people per household (StatsSA 2016). Single-person households are the largest single category of household size (22,7%) of in Gauteng, followed closely by 2-, 3-, and 4-person households (see Figure 1).

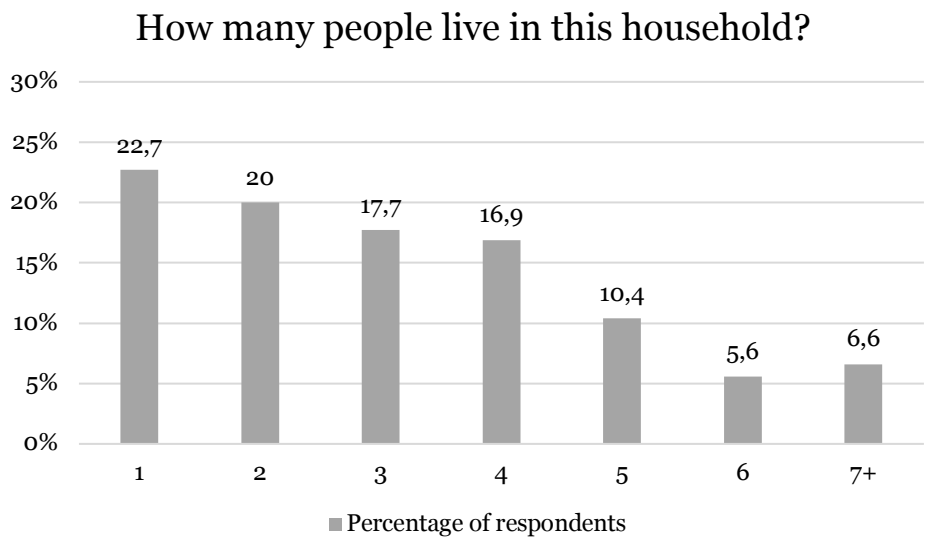

Figure 1: The percentage of respondents per the number of people in the household.

When the size of the household is disaggregated by respondent sex we can see that sex plays a significant role in household composition and in family structures. Male respondents make up the majority (73%) of single-person households while women are more likely to live in larger households (See Figure 2).

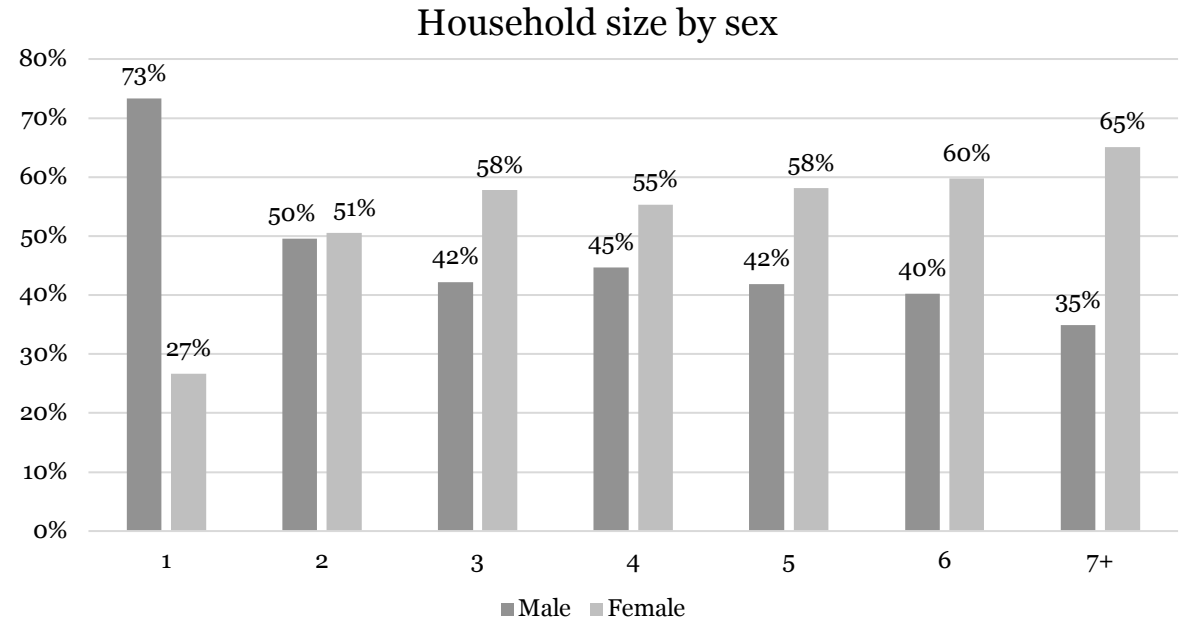

Figure 2: Household size by respondent sex.

The survey also provides information on how many children there are within the household. Figure 3 presents the proportion of respondents who report the presence of at least one person in the household younger than 18 years old. Of those households that have children, the average number of children in the household is 2.17 with a median of 2, and 53% of households in the survey have at least one child. These children are not necessarily

dependents of the respondents and could be younger siblings, grandchildren or nieces and nephews.

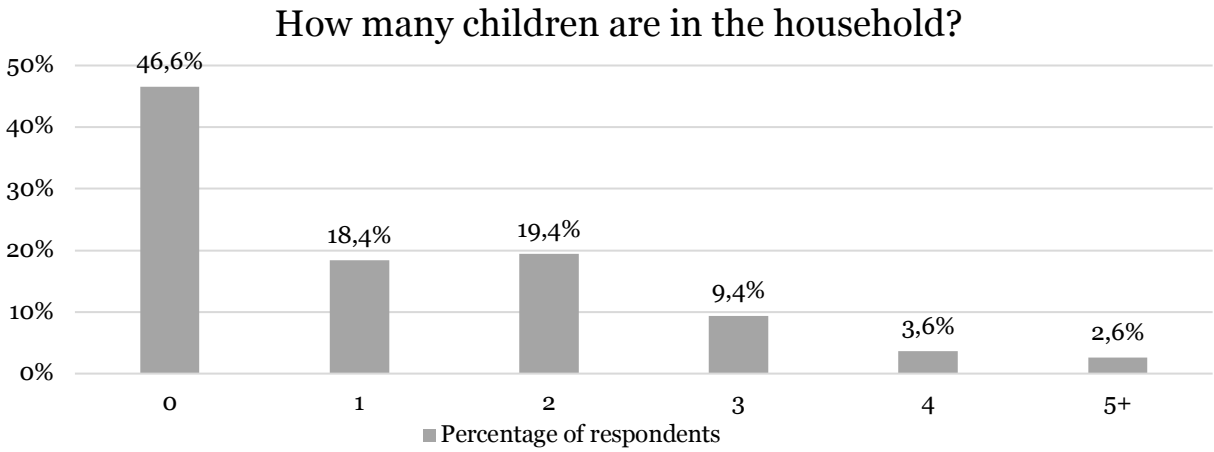

Figure 3: Proportion of households with children resident.

In order to understand more direct relationships between respondents and children the survey also asks if respondents have any dependent children. A higher proportion of respondents report having dependent children than report living in a household with resident children. This may be because the definition is broader and includes children over the age of 18 or those living elsewhere. Some 71% of respondents have at least 1 or more dependent children (see Figure 4). Of those who have dependent children, the average number of dependent children is 2.51 with a median of 2.

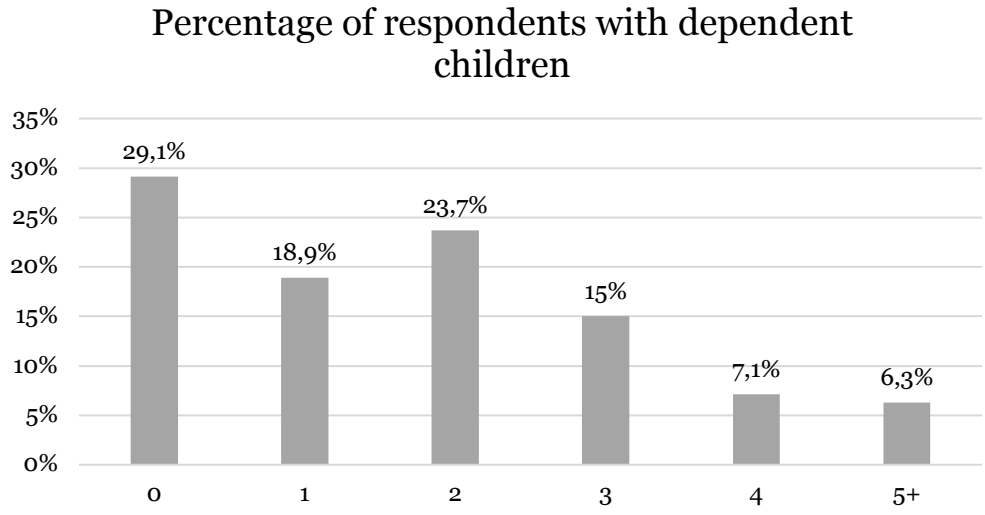

Figure 4: Percentage of respondents with dependent children.

The survey then asked how many dependent children were living with the respondent. Figure 5 shows responses, disaggregated by sex, for those respondents with dependent children (n=17 646). Some 46% of respondents with dependent children have at least 1

dependent child living elsewhere[2] with a greater proportion of male respondents stating that they have dependent children living elsewhere. While two-thirds (66%) of female respondents have all their dependent children living with them, only 40% of male respondents do.

Some 50% of respondents with dependent children live in households without any children. This suggests that these dependent children may be over the age of 18 years, or are being cared for by other parents or relatives. Migration may explain some of these figures: 45% of international migrants and 38% of internal migrants have one or more dependent children living elsewhere (of those who have dependent children). However, 28% of Gauteng-born respondents who have dependent children say that one or more of their children do not live with them. This implies that migration is only one possible explanatory factor and that over a quarter of respondents born in Gauteng also have dependent children living elsewhere.

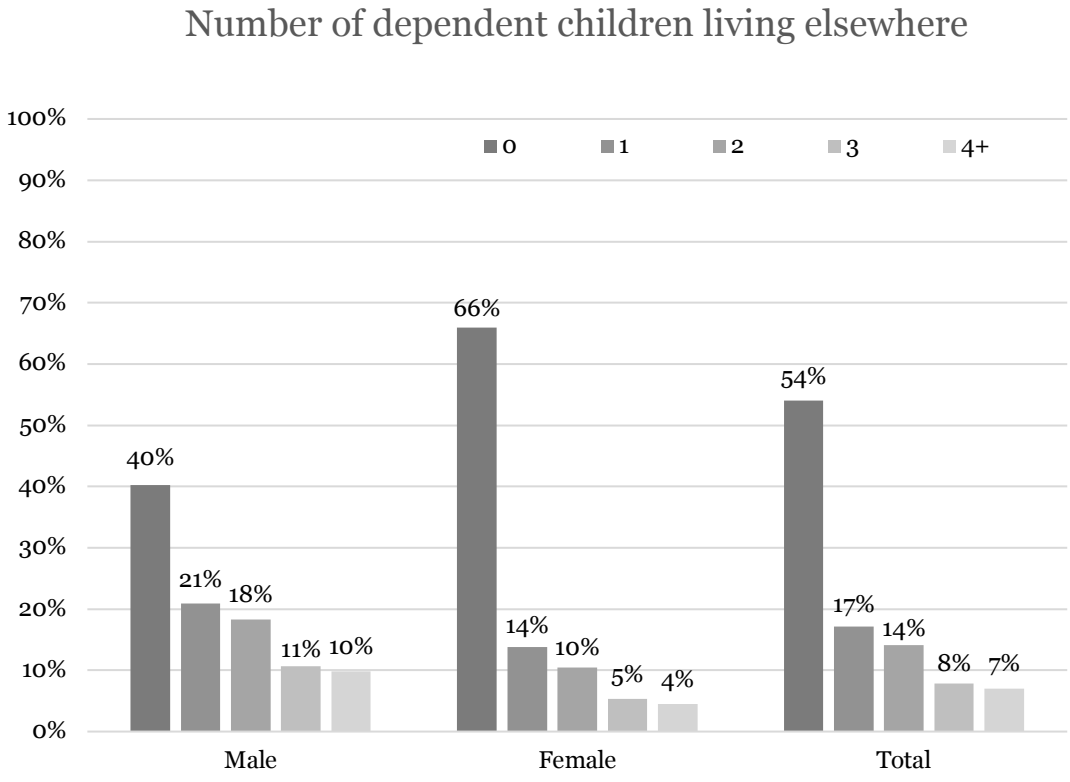

Figure 5: Proportion of adult respondents with dependent children living elsewhere disaggregated by sex.

Approximately 22% of households in Gauteng are nuclear, comprised of respondents, their spouse or partner, and their children (either under the age of 18 or older or both). A much greater proportion of households (45%) are multi-generation, with at least three generations resident in the dwelling. Only 3% of households are skip generation (where the 'middle' generation is missing and it is only grandparents and grandchildren). Some 38% of respondents live with their spouse or partner across all household compositions.

[2] This figure was checked by also calculating the difference between the number of dependent children and the number of children in the household. This slightly different calculation yielded similar results, suggesting that the figures presented here are accurate.

Domestic structures and roles

The majority (61%) of respondents identified themselves as the head of the household, while 36% of adult respondents did not identify themselves as a household head. Only 3% of households are jointly headed by both spouses or partners. The majority are headed by respondents on their own: 61% of households are headed by males compared with only 36% by females.

Figure 6 shows the head of households disaggregated by sex and the number of children in the household. The figure shows that male-headed households are the majority in households with no children, and in households with 1 or 2 children the proportions of male-headed and female-headed households are very similar. However, with four or more children in the household, the proportion of female-headed households is much greater than male-headed households. Female respondents who identified as the head of the household are much less likely to be living with a partner or spouse than their male counterparts (see Figure 7).

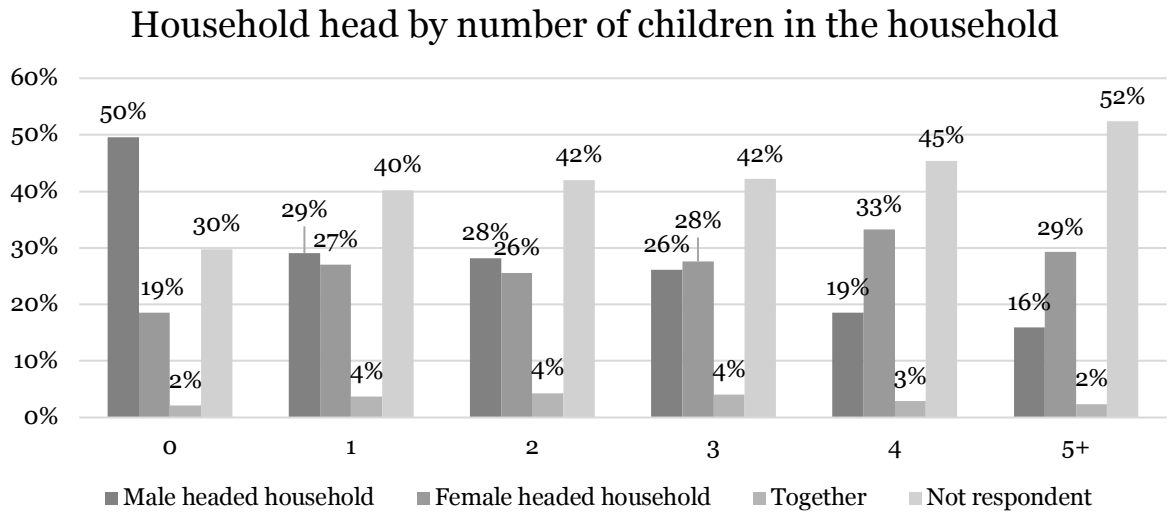

Figure 6: Household head by sex and number of children in the household (only respondents who identified themselves as head of the household).

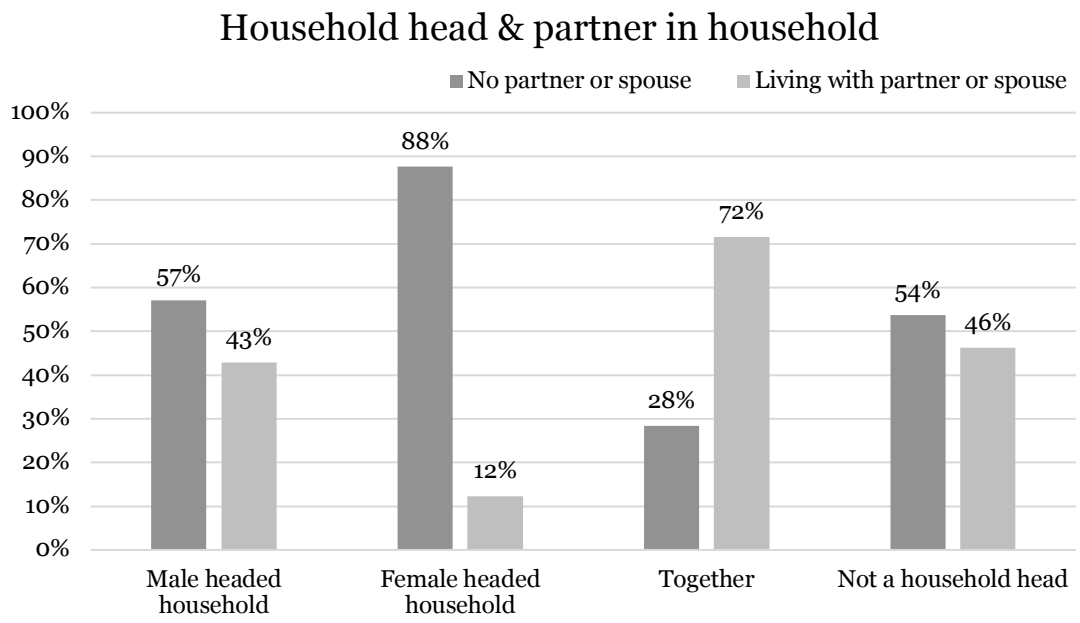

Figure 7: Household head and spouse or partner living in the household (only respondents who identified themselves as head of the household).

Respondents were asked who is the primary carer of their dependent children. Figure 8 shows 28% of respondents are caring for children on their own and of these single primary carers, 61% are women. Very small percentages of respondents list grandparents or other relatives as the primary carers for their dependent children.

Some 36% of adults with dependent children are caring for them jointly, 19% are women caring for child dependents on their own, 12% are men caring for child dependents on their own, and a third of respondents with dependent children do not consider themselves to be the primary carer. Although a significant proportion of primary care-giving is shared between parents, single-primary carers are more likely to be women than men.

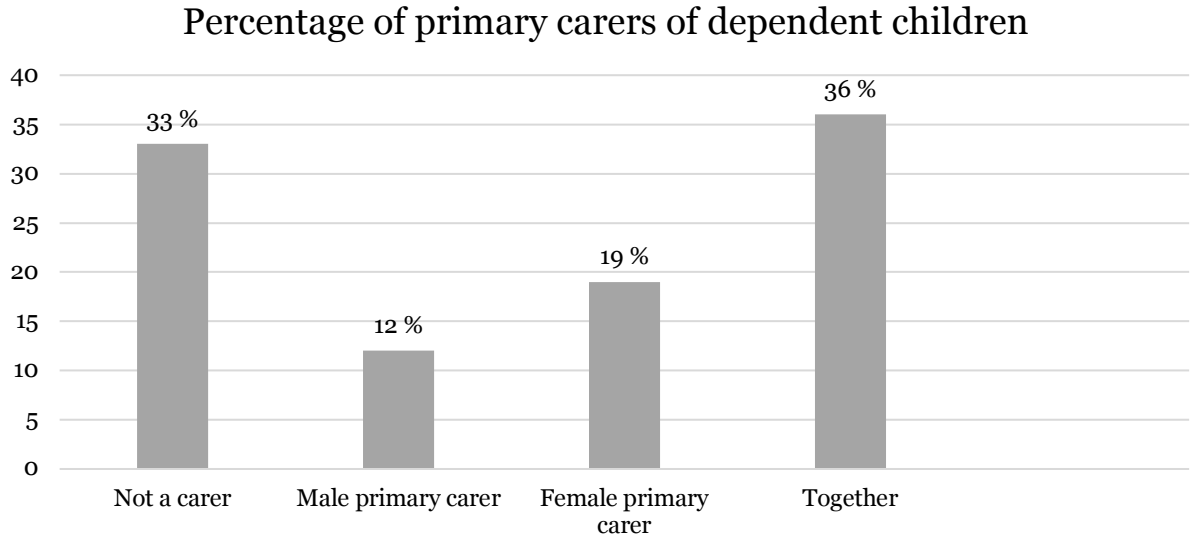

Figure 8: Percentage of primary carers of dependent children.

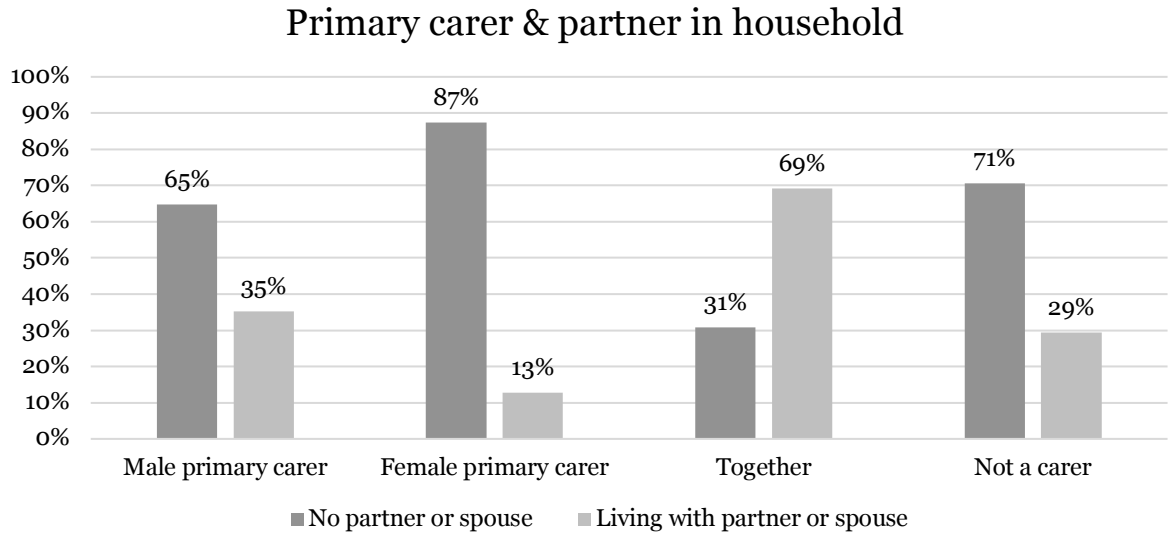

Figure 9: Primary carer by partner or spouse living in the household.

When examining whether respondents live with a partner or spouse, clear differences of sex emerge. Some 87% of female carers are not living with a spouse or partner compared with a much lower figure of 65% for male primary carers (see Figure 9). While 80% of female primary carers have all of their dependent children living with them, only 52% of male primary carers have all of their dependent children living with them. This further illustrates the extent to which the responsibility of childcare is being shouldered by individuals and particularly by women.

Quality of life and domestic compositions and roles

In this section I compare how the quality of life composite index score shifts with domestic compositions and roles. The mean quality of life score across all respondents in Gauteng is 64 (see Table 4) and provides a basis for comparison. There is a clear relationship between household size and overall quality of life. The quality of life value is at its highest with four people in the household and decreases with larger and smaller households with the largest households of seven or more people having the lowest quality of life score (see Table 2). Individuals living in single-person households and households of 6 or more people also have a quality of life that is lower than the average for Gauteng.

Table 2: The Quality of Life score by household size.

Number of people in the household	Quality of life score	Std. Deviation	Kurtosis	Skewness
1***	62	12.69141	.240	-.598
2***	64	12.40663	.178	-.508
3***	65	12.38228	.224	-.478
4***	66	11.89509	.129	-.456
5***	65	11.93367	.227	-.425

6***	63	11.34340	.225	-.340
7+***	62	10.22793	.775	-.648

A slightly more mixed picture emerges when comparing the quality of life index and the number of children in the household (Table 3). Individuals in households with 2 children have the highest quality of life score of 66, higher than the Gauteng average. Living in households with more than 2 children is associated with a lower quality of life, although this is not a linear relationship. Having one child or no children also has a lower quality of life score but having four or more is associated with a much lower quality of life score than the average.

Table 3: The Quality of Life score by the number of children in the household.

Number of children in the household	**Quality of life score**	**Std. Deviation**	**Kurtosis**	**Skewness**
0***	63.4444	12.31798	.348	-.571
1***	64.1718	12.34140	.152	-.446
2***	65.7821	12.01255	.263	-.483
3***	64.2242	12.28430	.020	-.353
4***	60.3742	11.53613	.464	-.582
5***	61.2383	10.37929	.181	-.480

As discussed in the previous section, there is a relationship between sex and household structure, and in roles of responsibility. Table 4 shows how quality of life scores differ depending on who you live with. The mean quality of life score is statistically significant between households with children and households without children with the former having a higher quality of life score. Those respondents who have all of their dependent children living with them have a higher quality of life score than respondents who have one or more of their dependent children living elsewhere.

'Nuclear' households have a high quality of life score of 67 and similarly multigeneration households have a score of 65. These household compositions are somewhat different from each other but have higher scores than other household configurations, which are below the average of Gauteng. The higher scores in 'nuclear' households may be explained by the presence of both partners or parents.

Respondents who live with a partner or spouse have a substantially higher quality of life than the Gauteng average and compared with those living with other relatives. Respondents who had their own children under the age of 18 resident with them had a higher quality of life than those who were not living with their children under the age of 18. Respondents living with siblings and with other relatives are more likely to have a lower quality of life. Living with grandparents or adult children showed no statistically significant differences in quality of life.

Table 4: Quality of life score by domestic composition.

Domestic composition	**Quality of life score**	**Std. Deviation**	**Kurtosis**	**Skewness**
Gauteng average	64	12.24295	.270	-.498
Male	64	12.45275	.294	-.541
Female	64	12.02475	.238	-.449
Households with no children***	63	12.31798	.348	-.571
Households with children***	64	12.16143	.177	-.430
child dependants living elsewhere***	63	12.65461	.181	-.521
child dependants with respondent***	64	12.09331	.285	-.483
Nuclear households***	67	12.93113	-.002	-.546
Non nuclear households***	63	11.94174	.395	-.526
Multigeneration households***	65	12.37568	.088	-.421
Other households***	63	12.10722	.411	-.574
Living with spouse or partner***	66	12.62967	.146	-.562
Not living with spouse or partner***	63	11.81453	.430	-.521
Living with own children under 18***	65	12.51972	.050	-.428
Not living with own children under 18***	63	12.00729	.436	-.570
Living with own children over 18	64	11.25093	.332	-.353
Not living with own children over 18	64	12.44297	.240	-.518
Living with parents**	65	10.67654	.558	-.404
Not living with parents**	64	12.43140	.218	-.498

Living with siblings**	63	11.06078	.645	-.517
Not living with siblings**	64	12.41353	.220	-.499
Living with grandchildren**	63	10.69174	.622	-.503
Not living with grandchildren**	64	12.36039	.244	-.501
Living with grandparents	63	10.44763	.514	-.369
Not living with grandparents	64	12.27847	.264	-.500
Living with other relatives***	63	11.23060	.520	-.469
Not living with other relatives***	64	12.37211	.244	-.507

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Table 5 explores the relationship between some domestic responsibilities and quality of life scores. Respondents with dependent children show no difference in quality of life with respondents who do not have dependent children. Households that are jointly headed have the highest quality of life score of all household structures or roles considered in this analysis and compared with female heads of household with a score of 63. Similarly, joint carers of children have a high quality of life index value of 66 compared to female carers with the second lowest quality of life value of 62[3]. Those respondents who have dependent children but who are not caring for these children have the lowest quality of life.

Table 5: The quality of life score by different relatives living in the household. Household composition

Domestic responsibility	**Quality of life score**	**Std. Deviation**	**Kurtosis**	**Skewness**
Respondents with no child dependants	64	11.74938	.578	-.603
Respondents with child dependants	64	12.44011	.160	-.460

[3] These figures are influenced by the fact that a large proportion of jointly headed households and joint carers are white, the population group with the highest quality of life score, but the overall relationships remain the same when the quality of life index is calculated only for African respondents. See the appendix on validity testing for more detail.

Male headed household***	64	12.94376	.147	-.543
Female headed household***	63	11.83006	.310	-.426
Together***	71	12.09064	.479	-.752
Not a carer***	61	12.42754	.194	-.460
Female carer***	62	11.75833	.340	-.416
Male carer***	63	12.46929	.168	-.478
Joint***	66	12.45043	.158	-.535

Not living with grandchildren**	64	12.36039	.244	-.501
Living with grandparents	63	10.44763	.514	-.369
Not living with grandparents	64	12.27847	.264	-.500
Living with other relatives***	63	11.23060	.520	-.469
Not living with other relatives***	64	12.37211	.244	-.507

Figure 10 shows how the quality of life index value changes for household heads depending on whether their spouse or partner is resident in the household. As seen with the previous

chart, respondents with a spouse or partner co-resident are more likely to have a higher quality of life. Respondents who head households without co-resident partners have quite low quality of life scores but male-headed households with co-resident partners have a much higher than average quality of life. As seen previously, jointly headed households have a much higher quality of life but there is a substantial difference between those who have co-resident partners and those who do not. Joint heads of households who are not residing with their partners may reflect the more fluid dynamics of household and family composition as discussed above.

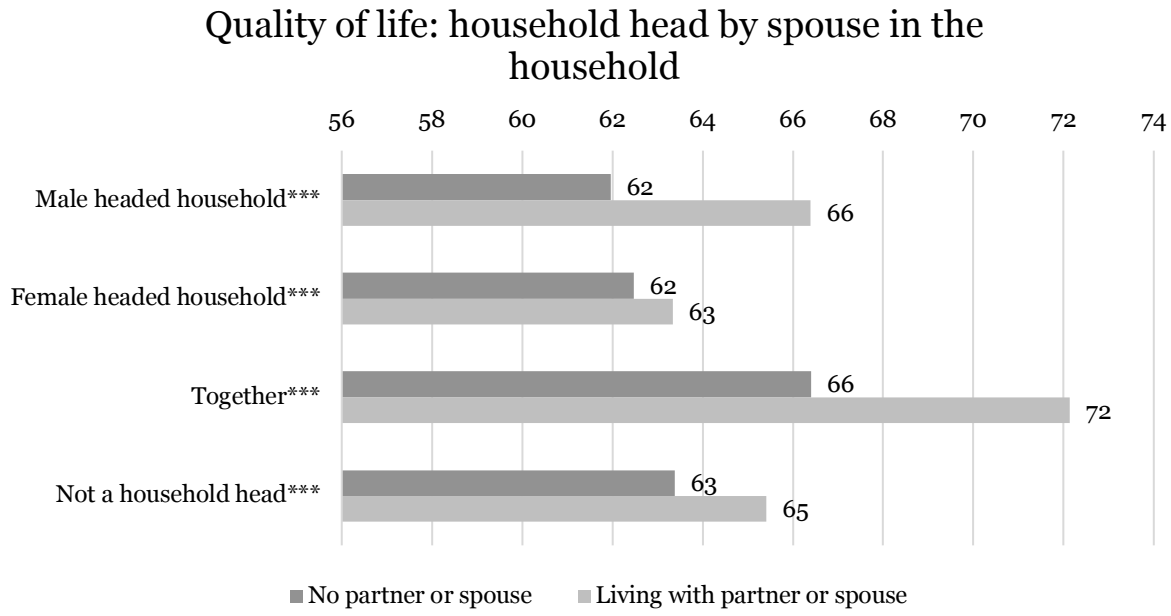

Figure 10: The quality of life index by household head and whether their partner or spouse is resident in the household.

Similar to Figure 10, Figure 11 shows the quality of life index value for primary carers and whether they have a spouse or partner living with them. Joint carers living with their spouse or partner have the highest quality of life index value of 67, well above the Gauteng average. Male primary carers who are living with a spouse or partner are more likely to have a high quality of life while those who do not live with a partner and female carers in both situations have a low quality of life. Those respondents who have child dependents but did not identify themselves as carers and who are not living with a partner have a very low quality of life. This may suggest greater levels of isolation or marginalization for this group of respondents.

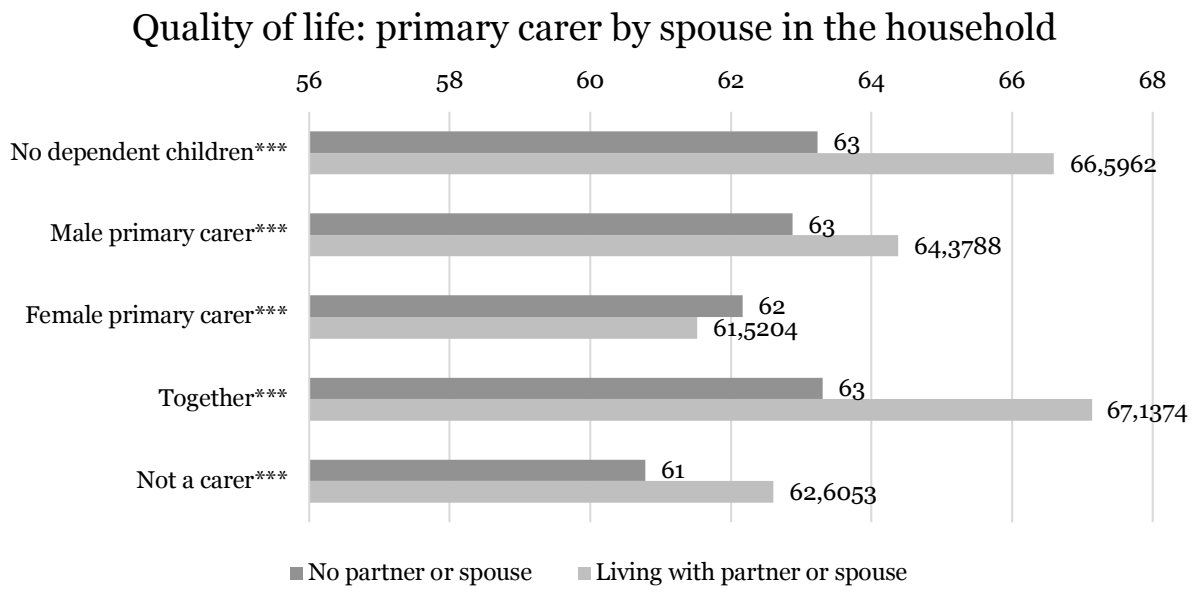

Figure 11: The quality of life index by the primary carer and whether the partner or spouse is resident in the household.

Discussion

The data shows that sex plays a significant role in shaping household composition. Male respondents make up the majority of single-person households while women are more likely to live in larger households and to live with more children. This illustrates that women continue to carry the burden of caring for children and reiterates that one of the reasons for increased risk of poverty in female-headed households is the increased size of the household.

Female heads of household are more likely to live in larger households with more children and are less likely to be living with a partner than male headed households. This reiterates an additional vulnerability to the potential poverty of female heads of households – the absence of male partners which has been described as a 'triple burden' (Buvinić & Gupta, 1997) as these women do not have the financial or other support of their partners in the home.

Many of these aspects of household composition and roles have a relationship with quality of life. Individuals resident in households with between two to five people have an above average quality of life while respondents in single-person households and households of 6 people or more have a below average quality of life. On the surface, single-person households may potentially have fewer resource constraints than households of 6 or more people, and therefore, should have a higher quality of life score. However, given the history of migrant labour in Gauteng and South Africa, it cannot be assumed that the income and resources in single person households are only funding the individual but may also be funding family members outside of the residence. In addition, while some of the household level indicators included in the index such as income may be affecting the overall quality of life scores, this impact is relatively small due to the composite nature of the index.

Some 71% of respondents have dependent children and up to 46% of these have at least one dependent child not living with them. Having dependent children does not have a significant relationship with quality of life which suggests that merely reproducing children does not

affect quality of life. However, living with children, whether they are the respondents own dependent children or other children, has a positive relationship with quality of life. Similarly respondents living with all of their dependent children have a higher quality of life score than those who have one or more of their dependent children living elsewhere. There could be two reasons for this relationship: having some or all of your dependent children living elsewhere may affect the general well-being of respondents, or the reasons for requiring children to live somewhere else (such as financial difficulties) may have a negative relationship with quality of life.

Having a domestic responsibility such as head of the household or primary carer has a relationship with quality of life. In both circumstances, respondents who undertake these activities with their spouses or partners have a higher quality of life. Female respondents who have these responsibilities have some of the lowest quality of life scores, despite the fact that sex does not show significant differences in quality of life scores. This suggests that these additional responsibilities negatively affect quality of life for women and may also be tied to the fact that women are more likely to live in larger households and with more children which also have a negative relationship with quality of life. Notably, those respondents who did not identify themselves as heads of households have an average quality of life but those respondents who do have dependent children but do not consider themselves primary carers have a lower than average quality of life. It suggests that respondents who are not in a position to care for their own children experience a lower quality of life but this analysis is unable to point to the causal relationship.

Who respondents live with has a significant relationship with quality of life and relates to overall household composition and individual family members. Respondents who live in both 'nuclear' and multigenerational household compositions have above average quality of life scores, despite the differences in these household compositions. Respondents living with siblings, grandchildren, or other relatives have a lower quality of life. Living with grandparents is also associated with a lower quality of life, although this is not statistically significant. Living with parents has a positive relationship to quality of life.

The most substantial positive relationship with quality of life are those respondents who live with their spouses or partners. Living with a spouse or partner has a positive relationship to quality of life domestic responsibilities even when respondents identify that they are the sole head of household or primary carer. The exception to this is that female primary carers have a lower quality of life score living with their partners than they do on their own. Of the 39% of respondents who are caring for children on their own, 61% of these are female. In addition, female carers are more likely to be living without a partner than their male counterparts. It suggests that partners do not provide any additional support to lone female primary carers.

I have given an overview of some of the relationships between quality of life with domestic circumstances but further analysis is needed to understand which variables or factors might explain these differences in quality of life and household dynamics, particularly with respect to sex. This would give some indication of causality, which I am not able to infer from this analysis. In addition, the dataset has some limitations that would be valuable to explore with other data. Respondents are randomly selected adults in the household and this has two limitations. The first is that respondents are not necessarily the head of the household or knowledgeable about all facets of the household. This is a small limitation as it only affects a

small number of household variables used in the Quality of Life index. The second limitation is that by only surveying adults the dataset is unable to address child-headed households and this would be another valuable line of enquiry.

Conclusions

This paper has measured the quality of life of individual respondents relative to their domestic roles and compositions. The paper provides an overview of how households are structured in Gauteng and shows that household structures and roles are moderated by sex. The paper also shows some of the fluid household dynamics, particularly of children, in the urban context of the Gauteng city-region, where previous studies have focused on rural contexts (Hosegood & Timaeus, 2016; Hosegood et al., 2005).

There are two key findings of this analysis. The first is that women who have roles of responsibility in the household, such as household head and carer of children, have a lower quality of life and this has more to do with the roles in the household or family than with sex alone. This reiterates the need to develop policies and initiatives to support women in the domestic sphere, particularly with regards to child care. Significant gains for women have been made in the workplace and broader public policies but additional support and change is needed within the domestic space.

The second key finding is that there is a significant and mostly positive relationship between quality of life and living with a spouse or partner. This supports previous research which suggests that marital status may be a better indicator of household welfare than the gender of the household head (Appleton, 1996; Chant, 2007; Lodhi et al., 2020). This is an important consideration in the context of Gauteng for several reasons: there is a history and continuation of migrant labour practices which have separated households through single-sex dwellings such as mining hostels and domestic staff quarters, rates of marriage have declined over recent years, there are high incidences of intimate partner violence, and child support grants are usually paid to mothers. All of these factors may influence the choice to live with a partner. It is important that women are empowered and, in a position, to choose whom to live with and not be forced to live with a partner due to financial or other structural constraints. However, housing policies and approaches to informal settlements adjacent to hostels should the option for families living together.

Methodologically, some of this analysis presented here was only possible with the addition of several questions to the questionnaire. Two key questions concerned dependent children and asked respondents of they had any dependent children and if they lived with all of these dependent children. This enabled me to understand the relationships of respondents to their children, where in earlier iterations of the survey it was only possible to examine children in the household without understanding which respondents were parents or guardians. A third question asked about the primary carer of the dependent children to reveal the respondents who identify an additional dimension of responsibility towards their dependent children. As previous research has shown, families and households are fluid and require multiple approaches to accessing the relevant data. A few additional questions can provide some nuanced insight into domestic dynamics.

Understanding the quality of life of family members and their roles in the household is relevant because of the ways in which household dynamics intersect with national and local policies and the labour market. Evidence in this paper suggests that policies and

programmes that support those caring for large households and families, primarily women, have the potential to increase the quality of life for many adults and the children in their households.

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Appendix

Table A1: Population group and number of people in the household.

Household size	African	Coloured	Indian/Asian	White	Other	Total
1	4608	115	138	745	53	5659
	81.4%	2.0%	2.4%	13.2%	0.9%	100.0%
2	3645	148	142	993	58	4986
	73.1%	3.0%	2.8%	19.9%	1.2%	100.0%
3	3351	176	129	725	21	4402
	76.1%	4.0%	2.9%	16.5%	0.5%	100.0%
4	3184	192	141	676	16	4209
	75.6%	4.6%	3.3%	16.1%	0.4%	100.0%
5	2053	91	68	372	11	2595
	79.1%	3.5%	2.6%	14.3%	0.4%	100.0%
6	1197	48	25	97	15	1382
	86.6%	3.5%	1.8%	7.0%	1.1%	100.0%
7+	1537	60	14	43	0	1654
	92.9%	3.6%	0.8%	2.6%	0.0%	100.0%
Total	19575	830	657	3651	174	24887
	78.7%	3.3%	2.6%	14.7%	0.7%	100.0%

Table A2: Population group and number of children in the household.

Number of children in household	African	Coloured	Indian/Asian	White	Other	Total
0	8828	294	320	2059	101	11602
	76.1%	2.5%	2.8%	17.7%	0.9%	100.0%
1	3653	192	112	576	36	4569
	80.0%	4.2%	2.5%	12.6%	0.8%	100.0%
2	3720	196	133	733	34	4816

	77.2%	4.1%	2.8%	15.2%	0.7%	100.0%
3	1926	88	68	253	2	2337
	82.4%	3.8%	2.9%	10.8%	0.1%	100.0%
4	829	31	15	23	1	899
	92.2%	3.4%	1.7%	2.6%	0.1%	100.0%
5+	618	28	10	8	0	664
	93.1%	4.2%	1.5%	1.2%	0.0%	100.0%
Total	19574	828	658	3652	174	24886
	78.7%	3.3%	2.6%	14.7%	0.7%	100.0%

Table A3: Population group and households with children.

	Households with no children	**Households with children**	**Total**
African	8828	10746	19574
	45.1%	54.9%	100.0%
Coloured	294	535	829
	35.5%	64.5%	100.0%
Indian/Asian	320	338	658
	48.6%	51.4%	100.0%
White	2059	1593	3652
	56.4%	43.6%	100.0%
Other	101	74	175
	57.7%	42.3%	100.0%
Total	11602	13286	24888
	46.6%	53.4%	100.0%

Table A4: Population group and respondents with dependent children

	Respondents with no dependent children	**Respondents with dependent children**	**Total**

African	5468	14106	19574
	27.9%	72.1%	100.0%
Coloured	194	635	829
	23.4%	76.6%	100.0%
Indian/Asian	202	456	658
	30.7%	69.3%	100.0%
White	1329	2324	3653
	36.4%	63.6%	100.0%
Other	49	126	175
	28.0%	72.0%	100.0%
Total	7242	17647	24889
	29.1%	70.9%	100.0%

Table A5: Population group and dependent children living with respondent

	Dependent children living with respondent	**Dependent children living elsewhere**	**Total**
African	7362	6641	14003
	52.6%	47.4%	100.0%
Coloured	400	229	629
	63.6%	36.4%	100.0%
Indian/Asian	297	156	453
	65.6%	34.4%	100.0%
White	1328	991	2319
	57.3%	42.7%	100.0%
Other	66	59	125
	52.8%	47.2%	100.0%
Total	9453	8076	17529
	53.9%	46.1%	100.0%

Table A6: Population group and household head

	Male head of household	Female head of household	Joint head of household	Not a household head	Total
African	7323	4707	437	7107	19574
	37.4%	24.0%	2.2%	36.3%	100.0%
Coloured	261	203	37	329	830
	31.4%	24.5%	4.5%	39.6%	100.0%
Indian/Asian	262	117	23	256	658
	39.8%	17.8%	3.5%	38.9%	100.0%
White	1399	707	247	1300	3653
	38.3%	19.4%	6.8%	35.6%	100.0%
Other	83	24	4	64	175
	47.4%	13.7%	2.3%	36.6%	100.0%
Total	9328	5758	748	9056	24890
	37.5%	23.1%	3.0%	36.4%	100.0%

Table A7: Population group and primary carer of dependent children.

	No dependent children	Male primary carer	Female primary carer	Together	Not a carer	Total
African	5468	2246	3637	5825	2398	19574
	27.9%	11.5%	18.6%	29.8%	12.3%	100.0%
Coloured	194	81	167	315	73	830
	23.4%	9.8%	20.1%	38.0%	8.8%	100.0%
Indian/Asian	202	61	55	290	50	658
	30.7%	9.3%	8.4%	44.1%	7.6%	100.0%
White	1329	271	344	1476	233	3653
	36.4%	7.4%	9.4%	40.4%	6.4%	100.0%
Other	49	34	9	52	31	175
	28.0%	19.4%	5.1%	29.7%	17.7%	100.0%
Total	7242	2693	4212	7958	2785	24890

	29.1%	10.8%	16.9%	32.0%	11.2%	100.0%

Table A8: Household size and quality of life for African respondents only.

Household size	Quality of life index value	Std. Deviation	Kurtosis	Skewness
1	60	12,60282	0,097	-0,526
2	61	12,11367	0,141	-0,464
3	62	12,05296	0,267	-0,437
4	64	11,64925	0,181	-0,36
5	63	11,44454	0,398	-0,419
6	62	10,8441	0,387	-0,453
7+	61	10,14937	0,783	-0,72

Table A9: Number of children per household and quality of life for African respondents only.

Number of children per household	Quality of life index value	Std. Deviation	Kurtosis	Skewness
0	61	12,18629	0,25	-0,515
1	62	11,8398	0,239	-0,439
2	63	11,72569	0,323	-0,427
3	62	11,56646	0,231	-0,384
4	59	11,19128	0,367	-0,722
5+	61	10,33833	0,205	-0,514

Table A10: African respondents' quality of life by household responsibility

Domestic responsibility	Quality of life score	Std. Deviation	Kurtosis	Skewness

Respondents with no child dependants	62	11,66207	0,496	-0,568
Respondents with child dependants	62	12,01869	0,215	-0,445
Male headed household***	62	12,82359	0,059	-0,456
Female headed household***	61	11,43289	0,368	-0,493
Together***	66	12,47405	0,137	-0,417
Not a carer***	60	12,09309	0,211	-0,469
Female carer***	61	11,41422	0,347	-0,499
Male carer***	62	12,45406	0,057	-0,44
Joint***	63	12,06236	0,201	-0,435

Table A11: African respondents' quality of life and domestic composition

Domestic composition	**Quality of life score**	**Std. Deviation**	**Kurtosis**	**Skewness**
Gauteng average	62	11,91989	0,288	-0,477
Male**	62	12,27767	0,241	-0,493
Female**	61	11,52724	0,334	-0,466
Households with no children***	61	12,18629	0,25	-0,515
Households with children***	62	11,67093	0,289	-0,433
child dependants living elsewhere***	61	12,4053	0,139	-0,479
child dependants with respondent***	62	11,74409	0,326	-0,469
Nuclear households***	63	12,5286	-0,02	-0,376
Non-nuclear households***	61	11,6783	0,393	-0,54

Multigeneration households***	62	11,90572	0,173	-0,401
Other households***	61	11,90828	0,362	-0,545
Living with spouse or partner***	63	12,52248	0,043	-0,412
Not living with spouse or partner***	61	11,58021	0,422	-0,542
Living with own children under 18***	62	12,05669	0,117	-0,393
Not living with own children under 18***	61	11,79796	0,405	-0,552
Living with own children over 18***	62	10,90862	0,45	-0,367
Not living with own children over 18***	62	12,12825	0,232	-0,487
Living with parents***	63	10,32381	0,701	-0,467
Not living with parents***	62	12,11048	0,221	-0,465
Living with siblings**	62	10,80084	0,732	-0,561
Not living with siblings**	62	12,10251	0,218	-0,462
Living with grandchildren	62	10,15428	0,764	-0,68
Not living with grandchildren	62	12,06508	0,244	-0,466
Living with grandparents	62	9,91595	0,514	-0,393
Not living with grandparents	62	11,96165	0,278	-0,477
Living with other relatives	62	11,11267	0,572	-0,465
Not living with other relatives	62	12,0438	0,245	-0,478